

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		49452	10/11/09
RESPONSE FORMALITY REVIEW			11/5/10 <i>[Signature]</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/10/09
2	✓	✓	10/10/09
3	✓	✓	10/10/09
4	✓	✓	10/10/09
5	✓	✓	10/10/09
6	✓	✓	10/10/09
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8	✓	✓	10/10/09
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If more than 150 claims or 10 actions
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